


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A.
Secretary of State

DOCUMENT # P06000007030

1. Entity Name
UNIQUE KITCHEN DESIGNS, INC.



Principal Place of Business
**3730 N. 55TH AVENUE
HOLLYWOOD, FL 33021-2209 US**

Mailing Address
**3730 N. 55TH AVENUE
HOLLYWOOD, FL 33021-2209 US**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4133763

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZVI RAFILOVICH, CPA, P.A.
23229 SHERIDAN STREET
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLOR. MENACHEM
STREET ADDRESS	3730 N. 55TH AVENUE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/22/08-90049-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: APR-04-08 DAYTIME PHONE #: 305-335-0634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR